

**Objective:** To describe the experience of a specific structure for GID people care.

**Design and method:** CIDIGeM, a Public Health Service (PHS) for GID people, provides a well structured program, according to Italian Standard of Care: eligibility and readiness evaluation, Hormone Therapy under medical and psychological control (Real Life Experience), Sex Reassignment Surgery (SRS) after Court authorisation.

The following features are also provided, in charge of the PHS:

- Hormone therapy;
- Speech therapy and when not enough a surgical intervention;
- Mammoplasty for MtF with breast development of level (BO-1) confirmed through ecography and mammography;
- SRS;
- Medical and psychological follow-up at 6, 12, 24 months after surgery.

**Results:** In 2 years activity:

- 126 GID people applied to the Center, asking for SRS
- 31 of them already authorized for SRS
- 95 of them starting the program
- 75 fulfilled the criteria to enter the program
- 20 underwent SRS (19 MtF, 1 FtM)
- 19 with good outcome or minor negative consequences
- 1 with vagina reconstruction
- 6 had speech therapy
- 5 had breast development examined
- 28 had follow-up

**Conclusion:** Multifactorial aspects of GID request a whole well structured intervention, with the aim of helping every subject to be integrated in the sex they feel to belong to.

## T04-O-04

### Severe osteoporosis with multiple vertebral fractures after gender reassignment therapy - is it male or female osteoporosis?

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**Medical and Family History:** The 47-year old patient E.P. presented with multiple vertebral fractures to our osteologic outpatient clinic. In 1993 our patient had undergone gender reassignment surgery from male to female. Afterwards she had continuously been on hormone replacement therapy. In addition to vertebral fractures, the patient was suffering from a clinically stable colitis which was treated with mesalazine. The patient's mother is suffering from postmenopausal osteoporosis. Osteologic work-up: CTX were elevated (0,68 ng/ml). 25-(OH)-Vitamin D3 indicated a mild deficiency. All other relevant bone parameters were normal. DXA revealed low T-scores at all sites measured: Total hip -4,3 / lumbar spine -3,9. Via bone biopsy osteomalacia and malignant infiltration of the

bone marrow could be excluded. Treatment: Based on the high levels of CTX, an antiresorptive treatment with intravenous ibandronate combined with calcium/vitamin D supplements was initiated. Discussion: In spite of significant endocrine interventions, bone health in transsexual individuals after gender reassignment therapy is rarely considered. The case highlights the need for investigations which closely monitor bone mass before, during and after gender reassignment therapy. In our patient we believe that a vulnerable genetic background (i.e. the positive family history) has been exposed to surgical (male) hypogonadism. Although the patient is receiving hormone replacement, therapy seemed to be insufficient to preserve bone health. In summary, we believe that since she has reached her peak bone mass as a man and therefore displays male bone geometry, female HRT cannot compensate for her skeleton's need for testosterone and estrogens together.

## T04-O-05

### High dose Testosterone (T) treatment has no adverse effects on the endometrium of Female to Male transsexuals (FtM)

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**Objects:** T patches have been approved in Europe for replacement therapy in surgical menopausal women with hypoactive sexual desire. Long-term safety of T administration in women is still unknown. No data exists on the effects of T on the endometrium. The aim of this study is to evaluate the effects of high T doses administered for at least one year on the endometrium.

**Methods:** Endometrial biopsies from 30 FtM treated with T (i.m. injection of 100 mg Testoviron Depot /10 days), 30 postmenopausal women (M) undergoing vaginal hysterectomy and 5 premenopausal women (PrM) undergoing hysteroscopy for infertility problems were collected. Endometrial proliferation was evaluated on the basis of histopathology and expression of the Ki-67. Both M and PrM women had not received hormonal treatment for at least one year.

**Results:** In FtM T and estradiol (E) levels were increased to above normal female levels (T= 4.2+3.4 ng/mL; E=57.5+39.4 pg/mL). At histological analysis, FtM and M had atrophic endometrium and PrM women had proliferative endometrium. The mean Ki-67 expression in the endometrium was similar in FtM and M (1.1+1.1% and 0.6+0.9%) while it was higher in PrM (42.6 + 17.1; vs. FtM and M p= <0.05).

**Conclusions:** Our data suggests that long term, high dose T treatment does not stimulate endometrial proliferation in FtM subjects. Exogenous T administration appears to contrast proliferative effects of estrogens on endometrium.

## T04-O-06

### **Gender identity conflicts and psychological problems in adult subjects with different forms of intersexuality (disorders of sex development, dsd): the Hamburg Intersex project**

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Our knowledge of the treatment options and long-term outcomes with different forms of intersexuality is insufficient. The demand for life long follow-up studies asks for more than surgical outcomes data. The objective of the Hamburg follow-up study is not only to gather information about physical development and treatment experiences of individuals with different forms of intersexuality but also about their gender identity problems, social life and especially about their psychological problems and well-being.

A comprehensive questionnaire was developed that comprises standardized as well as self-constructed instruments. The instruments assessed demographic aspects, physical and sexual development, diagnostic procedures hormonal and surgical treatment interventions, gender identity, gender role, psychological impairments.

The sample includes 70 subjects with partial or complete androgen insensitivity, disturbances of androgen biosynthesis, gonadal dysgenesis (46, XY karyotype; so called XY women) and subjects with CAH (46, XX karyotype).

Gender identity conflicts in intersex subjects living in the female role will be described. Optimal treatment policy demands a stable Gender identity in adulthood. This is the basic assumption for medical treatment procedures. Encouraged by the public discussion and by members of support groups many subjects ask for a more flexible view of gender identity and sexual health.

From our data one can conclude that not all subjects finally want to live in a clear male or female gender role as adults. Not all of them want heterosexual relationships with the possibility of having heterosexual intercourse with penetration. The option of medical treatment procedures of sex assignment surgeries will be discussed.

## T04-O-07

### **Clinical evaluation of pre and post surgical transsexuals at Santa Maria University Hospital, Lisbon, Portugal**

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The purpose of this investigation was to analyse in detail demographic, clinical characteristics, psychosocial factors and sexual behavioural features of 49 pre and post- surgical transsexuals divided in two subgroups: 28 FTM and 21 MTF

followed by the interdisciplinary Gender Identity Clinic at Santa Maria Hospital, the only one of the Portuguese National Health Services responsible for the global process including sex reassignment surgery.

From an original group of 59 transsexuals diagnosed according to ICD- 10 criteria we studied 28 FTM transsexuals age range: 14-60; mean age  $37.3 \pm 5.0$  years and 21 MTF transsexuals ranging between 14-51 years; mean age  $33.8 \pm 4.3$  years. The remainder was not object of analysis in this work. All the patients were evaluated in a clinical manner and a semi- structured Sexual History Interview was done. To study in detail the subjects a Portuguese version of specific instruments for transsexuals were used namely: Feminine Gender Identity Scale; Masculine Gender Identity Scale; Cross-Gender Fetishism Scale; Gender Identity Profile; Standardized Rating Format for Pre and Post- Surgical Transsexuals and Minnesota Multiphasic Personality Inventory-2.

The main data of this study indicates that transsexuals FTM are more prevalent than transsexuals MTF (3: 2) and has a better psychosocial and sexual adjustment in pre- and post-surgical stages and also a better prognosis after complete surgery, aspects that will be discussed in detail in our communication.

## T04-O-08

### **Importance of clinical support for the well being of transgender individuals with the history of suicide**

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Transgendered individuals are discriminated in their family, school and workplace environments. These conditions are risk factors for depression, isolation, and suicide.

**Aim:** In this study we analyzed the suicide thoughts and attempts in a long-term follow up of a transgender group who applied to a psychiatry clinic.

**Method:** We investigated transgendered individuals who applied to Istanbul Faculty of Medicine, Psychiatry Department. They are followed up with both individual and group psychotherapy for two years. Also, family counseling meetings are conducted twice a year.

In these groups the topics family relationships, medical problems, relationships, work problems, financial issues, religious concerns, the transgender image reflected in the media. Groups also serve as self-help groups, the process of self-acceptance and opening up is accelerated.

**Findings:** High rates of life time suicide thoughts (44,2%), attempts (24,7%) have been observed. In some cases suicide attempts were the reason of their application to clinic and can be seen as a help seeking behavior. No suicide attempt was reported within the follow up period and after the sex reassignment surgery.

**Discussion:** The societies that sexuality is still a taboo, the transgendered individuals are being exposed to discrim-